Click to print the field data to complete this activity.

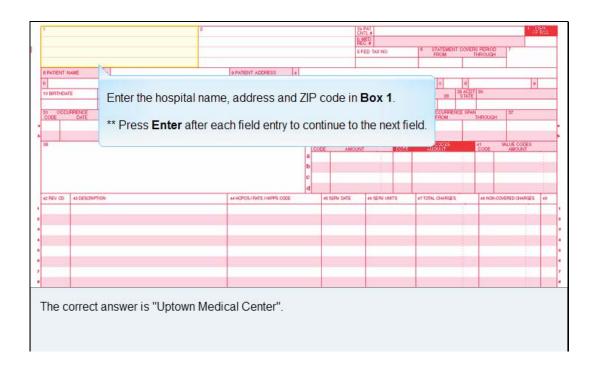**Note:** After typing data in a field, press **Enter** to continue to the next field.
Note: Remember to enter all data on the claim form within the designated areas for each field. Information used to complete examples is fictitious.

Continue with activity

Note: Remember to enter all data on the claim form within the designated areas for each field. Information used to complete examples is fictitious.

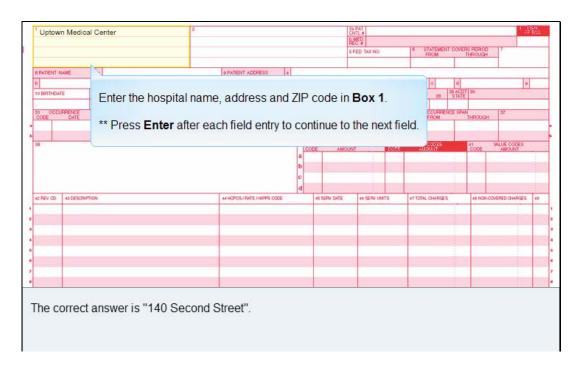**Note:** After typing data in a field, press **Enter** to continue to the next field.

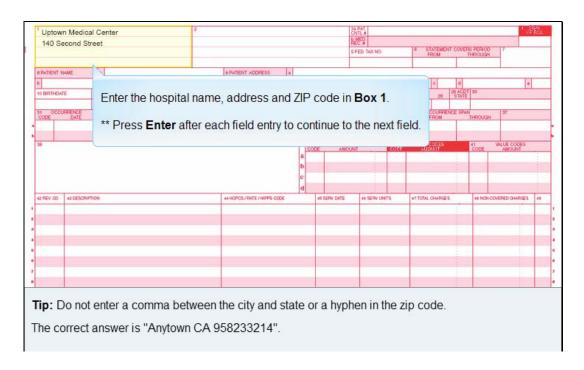Click to print the field data to complete this activity.

The correct answer is "Uptown Medical Center".

Enter the hospital name, address and ZIP code in **Box 1**.

** Press **Enter** after each field entry to continue to the next field.

The correct answer is "Uptown Medical Center".

Enter the hospital name, address and ZIP code in **Box 1**.

** Press **Enter** after each field entry to continue to the next field.

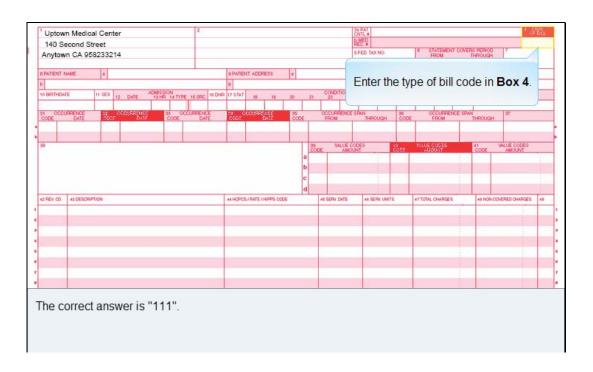The correct answer is "140 Second Street".

Enter the hospital name, address and ZIP code in **Box 1**.

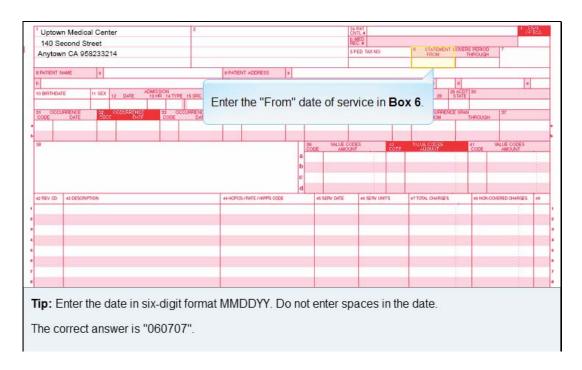** Press **Enter** after each field entry to continue to the next field.

Tip: Do not enter a comma between the city and state or a hyphen in the zip code.

The correct answer is "Anytown CA 958233214".
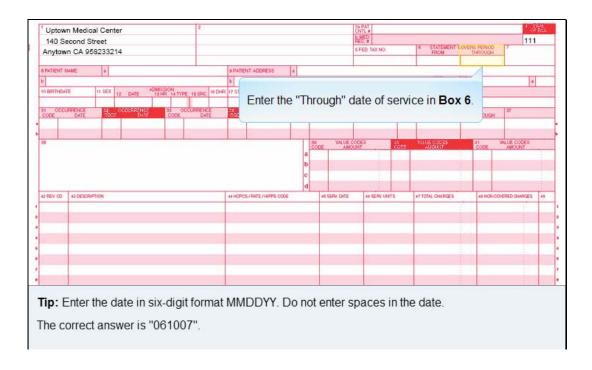
Enter the type of bill code in **Box 4**.

The correct answer is "111".

Enter the "From" date of service in **Box 6**.

Tip: Enter the date in six-digit format MMDDYY. Do not enter spaces in the date.
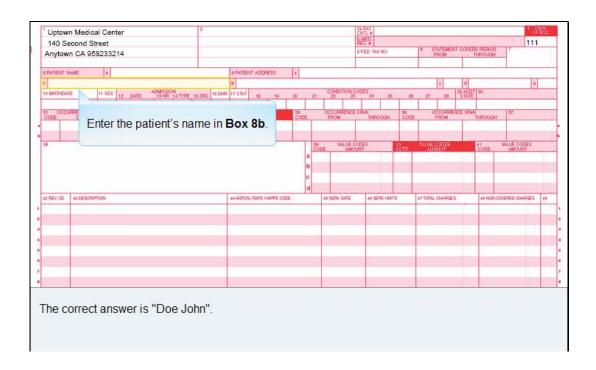
The correct answer is "060707".

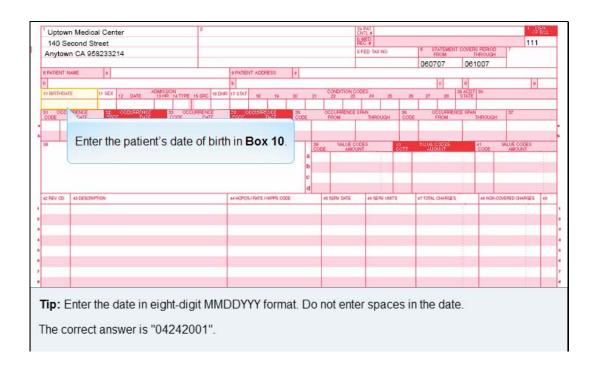Enter the "Through" date of service in **Box 6**.

Tip: Enter the date in six-digit format MMDDYY. Do not enter spaces in the date.

The correct answer is "061007".

Enter the patient's name in **Box 8b**.

The correct answer is "Doe John".

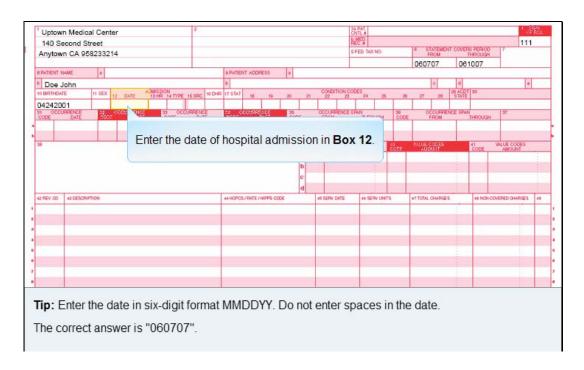Enter the patient's date of birth in **Box 10**.

Tip: Enter the date in eight-digit MMDDYYY format. Do not enter spaces in the date.

The correct answer is "04242001".

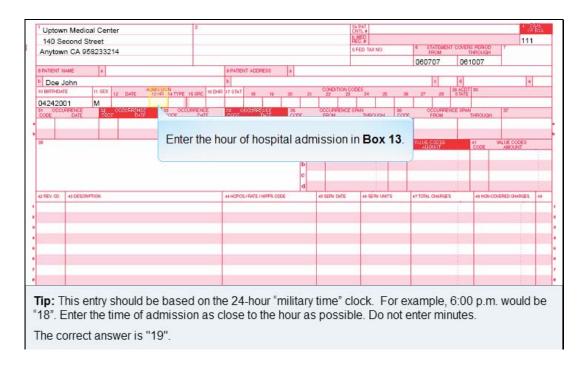Enter **M** or **F** in **Box 11** as appropriate to the recipient's gender.

The correct answer is "M".

Enter the date of hospital admission in **Box 12**.

Tip: Enter the date in six-digit format MMDDYY. Do not enter spaces in the date.
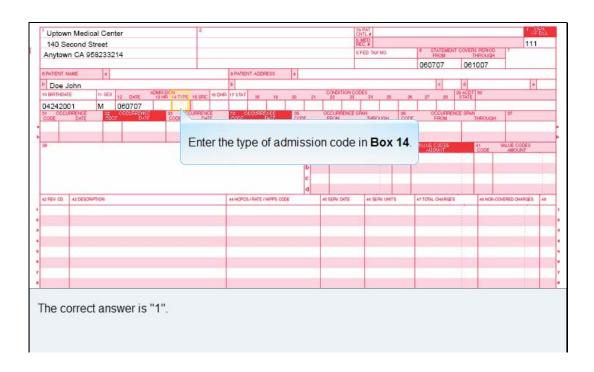
The correct answer is "060707".

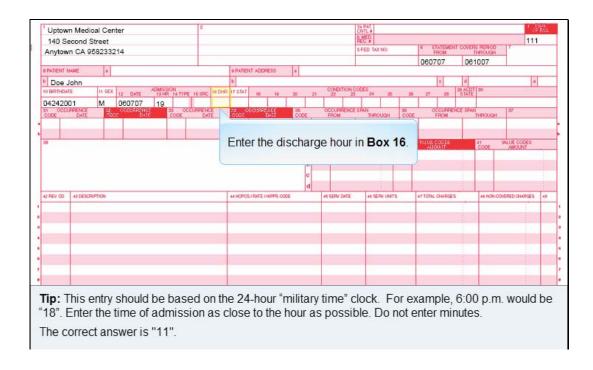Enter the hour of hospital admission in **Box 13**.

Tip: This entry should be based on the 24-hour "military time" clock. For example, 6:00 p.m. would be "18". Enter the time of admission as close to the hour as possible. Do not enter minutes.

The correct answer is "19".
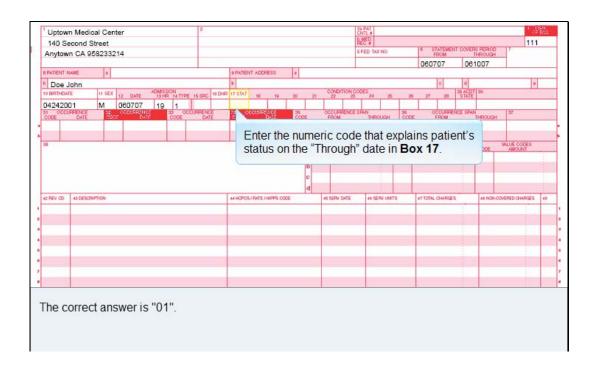
Enter the type of admission code in **Box 14**.

The correct answer is "1".
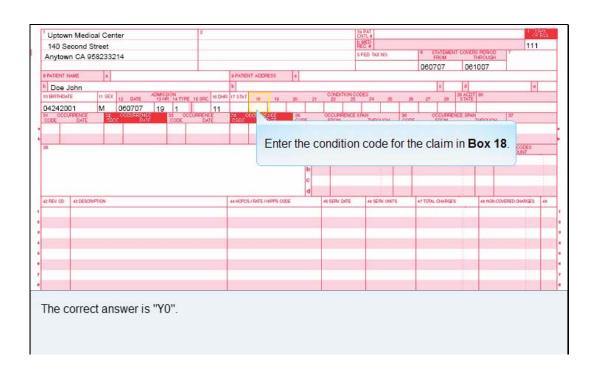
Enter the discharge hour in **Box 16**.

Tip: This entry should be based on the 24-hour "military time" clock. For example, 6:00 p.m. would be "18". Enter the time of admission as close to the hour as possible. Do not enter minutes.

The correct answer is "11".

Enter the numeric code that explains patient's status on the "Through" date in **Box 17**.

The correct answer is "01".

Enter the condition code for the claim in **Box 18**.

The correct answer is "Y0".